

Call Summary

St. Joseph Hospital, Orange, California Site Visit Planning Call for Cancer Electronic Health Record (caEHR) Project May 28, 2010

NCI Center for Biomedical Informatics and Information Technology (CBIIT) NCCCP ARRA Project 18/caEHR Project

Attendees

St. Joseph:

Joshua Mann, IT Project lead

PMO:

Brenda Duggan: IT Lead, CBIIT

Marc Koehn: Stakeholder Engagement Manager, Project Management Office

Kevin Hurley: caEHR Project Manager, CBIIT

Deployment Team:

Mary Greene, Clinical/Scientific Oversight/Discipline Specific Lead

Kathryn Schulke, Cancer Clinical and Operations Lead

Beth Franklin, Site Engagement Lead

Alex Miroff, EHR Deployment HIT Lead

Lucy Burge, Site Engagement Lead

Daniel Ertley, EHR Business Analyst

Chris West, Project Consultant

Jackie Baldaro, Project Consultant

Barbara Lund, Project Director

caEHR Project

Beth Franklin kicked off the call by reviewing the goal of the project -- to support ambulatory oncology clinical care and to engage software vendor communities (open source and commercial) by delivering a series of business capability services that address the unique needs of the ambulatory oncology sector while meeting the ARRA/HITECH meaningful use requirements.

The overall project approach and details of the project plan were reviewed (see session PowerPoint for details of Project Overview).

The software vendor communities will be engaged to deliver a series of Business Capabilities that address unique needs of the ambulatory oncology sector while meeting the ARRA/HITECH meaningful use requirements. The Business Capabilities will:

- be highly modular and configurable
- integrate with other clinical, administrative and research systems
- leverage existing HIT standards and extend these standards from an oncology perspective where appropriate

The project goals include 1) architectural adoption by vendors of platform independent caEHR specifications for their product; 2) solution adoption thru the Open Health Tools community of the business capabilities; and 3) clinical community adoption of one or more business capabilities to be used at an early adopter site. The business capabilities will be released with a full set of specifications that can be used by vendors and implementers to leverage all, or portions of, the caEHR deliverables. The initial focus will be on Referrals, Clinical Document Exchange (CDE), and Outcomes Management.

The Stakeholder Engagement model is intended to be layered with the various NCI governance and oversight mechanisms well in place. The project methodology is incremental and iterative resulting in six planned release cycles of three iterations each. The project team will be developing materials through these iterations which will involve day-to-day dialog with a small team of clinical and business experts. It is the intention of the team to call out to a more formal review group and to lay out certain rules including timing and feedback mechanisms.

The Deployment Team will be engaging with the St. Joseph site directly to obtain feedback for the Development team. Beth asked Josh to think about the types of people who may be able to contribute to the dialog about particular business capabilities and requirements, and the extent to which these staff may be able to participate in reviews and/or discussions.

Site Goals, Objectives, Expectations

During a call held with the five NCCCP sites on April 26, 2010, Josh stated St. Joseph's goal for this project was:

Interested in seeing improved integration and data sharing among existing EHR vendors, as well as additional development/capabilities for ambulatory oncology EHRs

Josh agreed this was their goal and did not identify any additional goals during this call. He did state that they rely heavily on integration and that the selection process for the 'correct' oncology EHR took years based on their requirements.

Vendors

The following vendors are used at St. Joseph:

- Meditech: Inpatient
- Allscripts: Ambulatory hospital based physicians
- Varian: Oncology System in Cancer Center (will integrate with Meditech for orders and results)
- Lab: Meditech
- Pharmacy: Meditech
- ADT: Meditech

St. Joseph is scheduled to start implementation of Varian/ARIA this summer with an expected live date of February 2011.

It was noted that St. Joseph is part of a larger health system, St. Joseph Health System; St. Joseph in Orange is one of their larger sites. Meditech is used throughout the health system.

The Deployment Team will work with St. Joseph on vendor engagement and communication, including establishing vendor points of contact and a formal communication plan.

Roles and Responsibilities

Currently Josh Mann is the only IT person for the Cancer Center. A clinical informaticist and business analyst will be hired for the project. Nancy Harris, Cancer Center Administrator, will be engaged in the project. The Principal Investigator (PI) will not be engaged in the caEHR project activities.

Prepare for Initial on-site visit

Beth noted that all site visits need to be completed by July 15, 2010. The visit will be approximately one to one and one-half days and will include six to ten caEHR Deployment Team staff. The purpose of the site visits is to get to know and understand the St. Joseph site and staff and to conduct a formal site readiness assessment. A key part of the site readiness assessment is the completion of an Interview Guide. The Guide will be sent prior to the visit to provide the site with an opportunity to review the questions and ensure the correct individuals are present to answer questions. The Guide will be pre-populated with as much known information as possible about St. Joseph.

Following the site visit, the Deployment Team will “score” and analyze the results of the readiness assessment, and present findings to St. Joseph. In addition, if the discussion on Business Capabilities has not happened prior to the site visit, that discussion will occur during the site visit.

Preparation for the site visit includes:

- Identifying site participants
- Scheduling the site visit
- Determining the point of contact at the site for overall coordination of the site visit
- Finalizing the details of the site visit

Action: Josh is the point of contact for the site visit and will work with Beth to follow-up on the visit schedule and other site visit preparation details. Josh mentioned he was out of the office at meetings part of June and away the week of July 12th.

Communication Plan

Key to the success of the caEHR project is a sound communication plan. It was proposed that the key point of contact at St. Joseph will be Josh. Beth is the key point of contact for the Deployment Team.

The Deployment Team is developing and refining the process for receiving comments and questions about the Business Capabilities. The team will be in touch with St. Joseph to discuss the process for soliciting input and feedback on the Business Capabilities.

Action: Beth will work with St. Joseph to establish a weekly call schedule.

Risks/Issues and Mitigation Options

Risks and barriers noted for the next six months include:

- “Resources run thin at St. Joseph’s” per Josh, so need some flexibility on timelines
- Workflows will change after Varian implementation is complete in Q1 2011
- If need to reach-out beyond Cancer Center to the health system for assistance, may experience a slowdown with issue resolution

Next Steps

- Finalize contact information and channels of communication
- Establish follow up calls
 - Beth or Lucy Burge will schedule a joint call on Business Capabilities with Josh
- Finalize visit date and logistics for site visit - Beth
- Provide Meeting Summary document in five business days (send to Josh for distribution) - Beth